Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address	FOR COURT USE ONLY			
☐ Individual appearing without attorney☐ Attorney for:				
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA DIVISION				
In re:	CASE NO.:			
	CHAPTER:			
	MOTION FOR ORDER RELEASING UNCLAIMED FUNDS			
Debtor(s).				
I, under penalty of perjury under the laws of the United States statements and information are true and correct:	s declare (or certify, verify, or state) that the following			
I request an order releasing the total amount of \$     with the court on the following date(s)     behalf of the creditor	which is the sum of all monies deposited on			
on claim number(s)				
Please check and complete the applicable subparagraple	h(s) below:			
a.   I am the creditor named in paragraph 1.				
b.  I am an employee of the creditor named in paragraph 1 and my title is  The creditor is still legally entitled to the monies and I am authorized by the creditor to this petition. Submit evidence establishing authority to act on behalf of creditor.				
c.  I am the creditor and have appointed as my lawful attorney-in-fact who is duly authorized by the attached original power of attorney to file this motion.				

	d.		Subparagraphs a, b, and c above do not apply, but I am entitled to payment of such monies because (submit evidence establishing basis for right to obtain payment):				
3.	Ple	Please complete each of the following subparagraphs:					
	a.	The	following is the creditor's address and phone number:				
	b.	of a	ief history of the creditor (from the filing of the claim to the present) which includes, if applicable, identification by sale of the company and the new and prior owner(s). Submit evidence establishing the sale of the pany from the prior to the new owner(s):				
4.			tand that, pursuant to 18 U.S.C. § 152, I may be fined or imprisoned, or both, if I have knowingly and ntly made any false statements in this document				

(Corporate seal		
, , ,	Signature of creditor/successor	
If applicable)	Printed creditor's/successor's name	
	Creditor's/successor's address	
STATE OF CALIFORNIA, COUNTY OF		
Onbef	fore me, personally appeared (insert name and title of the signer)	
subscribed to the within instrument and acknowledged to	e(s) on the instrument the person(s), or the entity upon behalf of	
(SEAL)	Notary Public	
	My commission expires on	

	Signature of attorney/attorney-in-fact (if appointed)
	Printed name
	Address
STATE OF CALIFORNIA COUNTY OF	
STATE OF CALIFORNIA, COUNTY OF	
On befo	re me, personally appeared (insert name and title of the signer)
subscribed to the within instrument and acknowledged to m	(s) on the instrument the person(s), or the entity upon behalf of
(SEAL)	Notary public
	My commission expires on
	Presented by:
	-

## PROOF OF SERVICE OF DOCUMENT

I hereby certify under penalty of perjury under the envelope, with postage thereon fully prepaid, a form or	ully complete S to the Unit	ed true and correct copy of the document entit ed States attorney, United States trustee, and	led: <b>MOTION</b>
United States attorney  Address:		Jnited States trustee	
Name and address of the trustee appointed in the	e case and th		
Name and address of the Debtor, reorganized D and assets of the estate (if not the claimant) and			ution of funds
If Movant is not the original creditor or an employ creditor's counsel, if any:	yee thereof, i	nsert the name and address of the original cro	editor and the
l declare under penalty of perjury under the laws	of the United	d States that the foregoing is true and correct	
Date Printed Name		Signature	